8/742080 A

		<u>(S</u>	mall Entity)	CATION UNDER 37 CFR 1	
OC DOCKE NUMBER	R ANTI	CIPATED CLASSII	FICATION	PRIOR APPLICATION	ART UNIT
1996 A5 4ZYA	CL	ASS SUB	CLASS	8515ZY	Λ.
MOENDE			Address to: Commissioner for hington, D.C. 2		#2 (Pol)229'
original signature or an in application, Serial Numbe	875 IULTIPLE-SUBS of the latest invendication it was ser08/455,875	filed on TITUTED POLY entor-signed prio igned. I hereby	May 31, 1995 SILOXANE M r application, i verify that the a her that all stal		declaration showing the of the latest signed prior knowledge are true; and
or imprisonment or both, the validity of the applica		t issuing thereon		es Code and that such willful sta	tements may jeopardize
For	#Filed	#Allowed	#Extra	Rate	Fee
otal Claims	68	- 20 =	48	x \$11.00	\$528.00
ndep. Claims	4	- 3 =	1	× \$40.00	\$40.00
Multiple Dependent Cl	aims (check if	applicable)			\$0.00
				BASIC F	FEE \$385.00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				TOTAL FILING F	SEE \$953.00
1.17, or credit any	rior application S (a)). er is hereby autho	erial Number _ orized to charge a	08/455,875 any fees which	and such status is still promay be required under 37 CFR 1	
enclosed.	ount of		is enclosed.		
		laims	t one original in	dependent claim must be retaine	of the prior
4. A check in the am5. Cancel in this appart application before	calculating the f	iling fee. (At leas			
4. A check in the am5. Cancel in this apparent application before	calculating the fication by inserting	iling fee. (At leasing before the first	line the senter	nce: "This application is a Π filed May 31, 1995, ΩΟω wh	continuation

[Page 1 of 2]

P21SMALL/REV03

4		ATENT APPLICATION UNDER 3 (Small Entity)	7 CFR 1.60
		1	
.B. 🗆	New formal drawings are enclosed.		
9. 🗆	Priority of foreign application number is claimed under 35 l	filed on	in
	Country		<i>a</i>
	The certified copy has been filed in prior applic	cation Serial Number	filed on
10. 🔲	A preliminary amendment is enclosed.		
11. 🛚	The prior application is assigned of record to: Research Corporation Technologies, Inc.		
12. 🗆	Also enclosed:		
13. 🛭	The power of attorney in the prior application is to: Leopold Presser Scully, Scott, Murphy & Presser 400 Garden City Plaza Garden City, New York 11530		
	a. The power of attorney appears in the origin		
	 Since the power of attorney does not appe application is enclosed. 	ear in the original papers, a copy of the p	ower of attorney in the prior
	c. Address all future correspondence to: (May Donald T. Black Scully, Scott, Mu 400 Garden City Garden City, Nev	urphy & Presser Plaza	rney or agent of record.)
Dated:	November 1 1996	Registration	Signature or printed name 19,827 Number (if applicable)
		☐ Inventor(s)	interest
	~.	Assignee of completeAttorney or agent of r	A
cc:		Filed under 37 C.F.R	\circ
			. V.A

CERTIFICATE OF N Oplicant(s): Mary J. W	MAILING BY "EXPRESS I irth, et al.	MAIL" (37 CFR 1.10)	Docket No. 8514ZYA
Serial No.	Filing Date Herewith	Examiner	Group Art Unit
.07	HAVING MULTIPLE-SUBSTI	TUTED POLYSILOXANE MON	OLAYER
hereby certify that this	Patent Application Under 37	CFR 1.60	
hereby certify that this	Patent Application Under 37	CFR 1.60 (Identify type of correspondence)	· · · · · · · · · · · · · · · · · · ·
, ,			Addressee" service unde
s being deposited with	the United States Postal Service addressed to: The Assista	(Identify type of correspondence)	
s being deposited with	the United States Postal Service addressed to: The Assista	(Identify type of correspondence) ce "Express Mail Post Office to anti-	ashington, D.C. 20231 o
is being deposited with 37 CFR 1.10 in an enve November	the United States Postal Service addressed to: The Assista	(Identify type of correspondence) Ce "Express Mail Post Office to ant Commissioner for Patents, W Mishelle Spin (Typed or Printed Name of Person Ma	ashington, D.C. 20231 o
37 CFR 1.10 in an enve November	the United States Postal Service addressed to: The Assista	(Identify type of correspondence) ce "Express Mail Post Office to anti-	ashington, D.C. 20231 o

Note: Each paper must have its own certificate of mailing.